The author has investigated all the reports of fatal cases, twenty-seven in number, in order to control the theory of Bouveret and Devic, according to which tetany is always associated with hypersecretion. In most of the reported cases there was dilatation due to stenosis from the scars of pyloric or duodenal ulcers, or else there was ulcer or scar without stenosis. But in some cases these were not to be found, and in some of these hydrochloric acid was not present during life. In three cases carcinoma had developed in the edge of the healed ulcers. In all these cases the tetany occurred late, when the hydrochloric acid was probably diminished as compared with the earlier period. Sievers explains the coincidence more naturally by pointing out that in stenosis from healed ulcers the most extreme forms of dilatation occur, and, according to the toxic theory, these offer a better opportunity for the toxic substances to form than do the milder cases.

The Heredity of Tuberculosis.—G. Hauser (*Deutsches Archiv für klin. Med*, Band lxi. p. 221) has made an admirable investigation in this subject, both statistical—embracing, however, only French and German reports—and experimental. As the result of the first part of this study he comes to the following conclusions: Hereditary transmission of tuberculosis occurs in men and animals (cows, rabbits, and guinea-pigs) on the mother's side, and the transmission is undoubtedly through the fœtal circulation (eighteen positive cases in human beings are mentioned).

There is not a single instance of hereditary transmission by the father, although there is no doubt that in severe general tuberculosis bacilli are frequently present in the semen.

In almost all cases of hereditary transmission in men and animals the mother is severely, usually fatally, tuberculous. So, too, tubercle bacilli are found in semen only in cases of severe general tuberculosis or tuberculosis of the testes. Even in cases of severe general tuberculosis (not miliary) of the mother not more than 10 per cent. of the offspring have tuberculosis.

These conclusions give no support to the theory of bacillary heredity of tuberculosis, for the following reasons, among others: The fact that the mother only is concerned contrasts strongly with the common observation that the fathers of tuberculous patients are affected almost to the same extent as the mothers. In bacillary inheritance the liver is most frequently affected; the liver and portal lymphatics are, in fact, the organs chiefly affected in 80 per cent. of cases. Yet tuberculosis of the liver is relatively rare at all ages. All the positive observations show merely that tuberculosis acts as any other infectious disease, in which, in severe cases, the mother may transmit the germs to the fœtus. But because this can happen with staphylococci no one would claim that all cases of infection of that kind are inherited. The author explains the theory of Baumgarten from every point of view and with great skill, and that part of it which assumes that the occurrence of tuberculosis of the lymph-glands and joints cannot be explained by external infection is contrasted with the acceptance of still more intricate modes of infection by the Baumgarten school.

Hauser's experiments were made on rabbits and guinea-pigs and extended over four years. No example of undoubted congenital tuberculosis was observed, and there was no evidence that tuberculosis of the parents caused a lessening of the "vital energy" of the descendants, even to the third generation.

The comparisons with syphilis and pebrine are instructive, but need not be given here. Hauser attributes the undeniable hereditary character of tuberculosis to infection due to unusual exposure to the virus and to an inherited predisposition to the tuberculous virus—an unsatisfactory but necessary explanation, which is illustrated by comparisons with premature baldness, dental caries, weakness of the respiratory and digestive organs, and idiosyncrasy to poisons.

Pneumothorax from Gas-forming Bacteria (B. coli).—MAY and GEBHARD (*Deutsches Archiv für klin. Med.*, Band lxiii. p. 323) have observed an example of this process. The subject was a laborer, aged forty-three years, who, after repeatedly stabbing another man, gave himself two wounds in the region of the heart. The wounds healed readily, but the temperature remained high, with evening exacerbations. Later, an effusion formed in the left pleural cavity. It was hemorrhagic and appeared to contain diplococci. Soon the symptoms of pneumothorax appeared, with succussion. The fluid then was hemorrhagic and purulent. On tapping the thorax gas was found, which burned with a pale-bluish flame. A costal resection was made. Still later, a pericardial exudate was discovered, reaching large size, and on opening the pericardium two litres of fluid were evacuated. Two months after the beginning the patient died. Autopsy revealed fibrinopurulent pleurisy and pericarditis, fatty and congested liver, beginning cyanotic induration of the kidneys, and general anasarca.

The discussion of the physical signs is interesting, as there was probably, at an early stage, pneumopericardium masked by the pneumothorax, but the most valuable part of the report is that regarding the formation of the gas. This was found to contain CO_2 and traces of hydrogen and nitrogen. The gas was evidently formed in the body by bacteria, and cultures and experiments proved these to be colon bacilli, which were found in the pleural cavity and pericardium, along with the staphylococcus pyogenes aureus. The course of events was probably as follows: Infection with both organisms simultaneously, hemorrhagic exudate changed to purulent under the influence of the staphylococci, gas-formation by the action of the bacillus coli on the exudate. The authors point out the proofs necessary to show that the gas in a case of pneumothorax is of bacterial origin, viz., that the gas contains substances not found in air, such as H, H_2S, or marsh gas, and bacteria capable of producing the gas.

Treatment of Aortic Aneurism by Injections of Gelatin.—The *Lancet* (October 22, 1898, p. 1092) refers to an important communication of M. LANCEREAUX to the Academy of Medicine on this method of treatment, which had yielded remarkable results in his hands. A solution of 2 grammes of gelatin to 100 grammes of normal salt solution is made, and of this 250 c.c. are injected into the subcutaneous cellular tissue of the thigh. The injection is repeated at varying intervals of from two to fifteen days. Generally speaking, ten, fifteen, or twenty injections are usually sufficient to effect a complete cure. Lancereaux's first case had an aortic aneurism